Name in Full: William J Amen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age	Months	Days
1904	7	16	5		

Sex: Male

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: John Amen — Father's Birthplace: Md

Mother's Maiden Name: Anna Brooks — Mother's Birthplace: Md

Name of person giving information: John Amen — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 28 days

Immediate: Abscess of Liver — How long: Six days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Mc Dermott

Address: Emmitsburg

Dr Wilson

Accident or Suicide?

md

LIBRARY BUREAU A66616

Name in Full: Irene Marie Barnard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: 1904; Month: July; Day: 23; Age: Years —; Months: 1; Days —

Sex: Female; Color or Race: White; Birthplace: Emmitsburg

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Talbert E. Barnard; Father's Birthplace: Md

Mother's Maiden Name: Margret Jane Flagel; Mother's Birthplace: Md

Name of person giving In formation: Talbert Barnard; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis; How long: 4 days

Immediate: Exhaustion; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sarah F Barnard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: July — Day: 24 — 1904 — Age: Years: 52 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace: 67

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving Information: Charles M. Barnard — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paregis — How long: 1 Yrs

Immediate: Exhaustion — How long: 3 mo

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Sarg

Address: Cumberland Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Jacob T Barrett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegheny

Date of death: Month: July — Day: 12 — 1904

Age: Years: 16 — Months: 10 — Days: 11

Sex: Mail — Color or Race: White — Birthplace: Cumb Md

Occupation: Labor — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Samuel Barrett — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Lightning — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. A. Hoy

Address: Embalmer

Accident or Suicide?

LIBRARY BUREAU A88815

Name in Full: George Berk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: 1904; Month: 7; Day: 4; Age: Years: ; Months: 4; Days:

Sex: Male; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Conrad Berk; Father's Birthplace: Pa

Mother's Maiden Name: Jennie Jackson; Mother's Birthplace: Md

Name of person giving information: James W Jackson; How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis 10 days; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E B Calvert Jr M D

Address: Cumberland

Dr Claybrook

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: George Beck

Died at — Town: Cumberland — County: Alle

Date of death: 1904 — Month: 7 — Day: 2 — Age — Years: 8 — Months: 8 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: C.C. Beck — Father's Birthplace: Germany

Mother's Maiden Name: Anna Wolf — Mother's Birthplace: Md

Name of person giving Information: C.C. Beck — How related to deceased: Father

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed by cars — How long:

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ Dennis E O Neal

Address

Coroner

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Thurman Bradley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmo County: Allegany

Date of death 1904: Month 4 | Day 12 | Age: Years 2 | Months 3 | Days 10

Sex: Male | Color or Race: White | Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Benjamin Bradley | Father's Birthplace: Md

Mother's Maiden Name: Laura Riley | Mother's Birthplace:

Name of person giving information: Laura Riley | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough | How long: 3 weeks

Immediate: Don't Know Did not See | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Dr Elgbrook

Signature of Physician: E B Elgbrook

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Opal Mavis Bradley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb County: Allg

Date of death 1904: Month: Aug Day: 27

Age: Years: — Months: 6 Days: —

Sex: F Color or Race: W Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: J. E. Bradley Father's Birthplace: Winchester

Mother's Maiden Name: Elizabeth Russell Mother's Birthplace: Shockeysville Va

Name of person giving information: J E Bradley How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum How long: 3 weeks

Immediate: Exhaustion How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C H Brace

Address: Cumb

Accident or Suicide?

LIBRARY BUREAU A6991G

Name in Full: Charles. S. Briggs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emm County: Allen

Date of death	Month	Day	Age: Years	Months	Days
1904	7	4		5	27

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male Color or Race: White Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Wm Briggs Father's Birthplace: Md

Mother's Maiden Name: Hattie Donaldson Mother's Birthplace: Pa

Name of person giving Information: Wm Briggs How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis How long: 2 Weeks

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Dr Koon

Signature of Physician: Thos. N. Foard MD

Address: Connellsville

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Ralph H. Brooks-

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: 1904 — Month: July — Day: 27

Age — Years: 3 — Months: 5 — Days:

Sex: Male — Color or Race: — Birthplace:

Occupation: Barber — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: E — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever. — How long:

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. B. McDonald

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full: Mary Cauly

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 July 22 — Age: Years — Months — Days: 3

Sex: Female — Color or Race: White — Birthplace: Cumb'd Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Michael J Cauly — Father's Birthplace: W. Va

Mother's Maiden Name: Bridget C Macy — Mother's Birthplace: Ireland

Name of person giving information: Bridget C Cauly — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pernicious Vomiting — How long: 2 da

Immediate: Exhaustion — How long: 1 da

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: G. L. Broadwater

Address: 95 Va ave

Accident or Suicide? No — Cumberland Md.

LIBRARY BUREAU A88516

Name in Full: Georgia Anna Carsale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport — County: Allegany

Date of death 1904: Month: 7 — Day: 3 — Years: Age 37 — Months: ✓ — Days: ✓

Sex: Female — Color or Race: White — Birthplace: Va.

Married, Single or Widowed: Married — Occupation: ✓

Name of Wife or Husband: Georgia Anna Carsale

Father's Name: Jesse Murphy — Father's Birthplace: Va.

Mother's Maiden Name: Susan Ashby — Mother's Birthplace: Va.

Name of person giving Information: Edith Murphy — How related to deceased: Sister in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Puerperal Eclampsia — How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Offutt M.D.

Address: Piedmont, W. Va.

Accident or Suicide?

LIBRARY BUREAU A8831G

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Ralph Henry Dayton

Died at: Town: Ridgely; County: Mineral

Date of death: 1904; Month: May; Day: 16; Age: Years: 10; Months: ; Days: 20

Sex: Male; Color or Race: White; Birthplace: West Va

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Dayton 105

Father's Birthplace: Md

Mother's Maiden Name: Sara Murry

Mother's Birthplace: Md

Name of person giving Information: Joseph Dayton

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis

How long: a few days

Immediate: —

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley

Address: Burnsville Gilmer Co W Va

Wiley

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: infant of F C Dermer

CERTIFICATE OF DEATH

Died at: Town: Pulp mill; County: allegany; MARYLAND

Date of death: 1904 July 18

Age: Years —; Months 4; Days —

Sex: Male; Color or Race: White; Birthplace: Cumberland

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: F C Dermer; Father's Birthplace: Alleg Co

Mother's Maiden Name: Mary A. 10; Mother's Birthplace: " "

Name of person giving Information: ; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lagrippe supposed to be the first Cause; How long: 3 months prior

Immediate: Meningitis; How long: 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Hodgson M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Elizabeth Price Duckworth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jonaconing; County: Allegany

Date of death 1904: Month: July; Day: 20

Age: Years: 56; Months: 4; Days: 20

Sex: Female; Color or Race: White; Birthplace: Jonaconing

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Wm I Duckworth

Father's Name: John Price; Father's Birthplace: Wales

Mother's Maiden Name: Margaret Atkinson; Mother's Birthplace: Scotland

Name of person giving information: John Price; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis; How long: 10 Months

Immediate: Exhaustion from Ascites & Repeate Tappings; How long: 1 Month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James A Bullock

Address: Jonaconing Maryland

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full: Mrs Margret Edenhart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roberts — County: Alle

Date of death: Month: 7 — Day: 14 — Years: 1904 — Age: 21 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: Roberts Station

Married, Single or Widowed: Married — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Mahler — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Joseph Edenhart — How related to deceased: Husband

CAUSES OF DEATH

Primary: Phthisis — How long: one year

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. M. Maby

Address: Emmitsburg Md.

Dr Maby

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Ella May Everely

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd. County: Allegany

Date of death: 1904 Month: July Day: 25

Age: Years: Months: Days: Born

Sex: Female Color or Race: White Birthplace:

Occupation: — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

~~Married~~, Single or Widowed — Name of Wife or Husband: —

Father's Name: Geo Everely Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Geo. F. White (15) How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition How long: 2 weeks

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E H White

Address: 22 S. Mechanic St

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: William Ferrens

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lonaconing — County: Allegany

Date of death 1904 — Month: July — Day: 5

Age — Years: 67 — Months: — Days: 4

Sex: Male. — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Married — Occupation: Saloon Keeper.

Name of Wife or Husband: William Ferrens

Father's Name: James Ferrens — Father's Birthplace: Ireland

Mother's Maiden Name: 45 — Mother's Birthplace: "

Name of person giving In formation: Elizabeth Ferrens — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of throat — How long: Six months

Immediate: Inscription — How long: 3 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. D. Schilling M. D.

Address: Lonaconing,

Accident or Suicide? no

LIBRARY BUREAU A88518

Name in Full: Albert Frazer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Conn — County: Alle

Date of death: 1904 — Month: 7 — Day: 1 — Age: Years: 30 — Months — Days

Sex: Male — Color or Race: Colord — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Maried — Name of Wife or Husband

Father's Name: Jacob Frazer — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Mrs Albert Frazer — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: about 7 mos.

Immediate: Exanstion — How long: One month

Are the name, age, sex, color, date and place correctly given above?

Dr J Sparks

Signature of Physician: Dr Surgeon Sparks

Address: 25 N. Liberty St.

Accident or Suicide?

LIBRARY BUREAU A69316

Name in Full: Stiel born Freeman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Cumberland, Md	(County)	Allegany		
Date of death	1904 July 26	Age: Years	—	Months	— Days 1
Sex	female	Color or Race	Colored	Birthplace	Md
Occupation	—	Where Residing if not at place of death	—		
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Charles L Freeman			Father's Birthplace	Va
Mother's Maiden Name	Dora Watson			Mother's Birthplace	Md
Name of person giving information	Mother			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Premature birth	How long	—
Immediate	— 7th Mo.	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. L. Braer, M.D.
		Address	Cumberland, Md.
Accident or Suicide?			

LIBRARY BUREAU A66616

Name in Full: Susan M. Glaze

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death: 1904 July 5th

Age: Years: 14; Months: 11; Days: 9

Sex: Female

Color or Race: White

Birthplace: Springfield, W. Va.

Occupation: Housework

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: William Glaze

Father's Birthplace: Springfield W. Va.

Mother's Maiden Name: Mary Ellen Jeffrey

Mother's Birthplace: East Virginia

Name of person giving Imformation: Mrs. Darr

How related to deceased: Friend.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever & pneumonia — How long: 4 weeks at Cumberland

Immediate: Acute pulmonary tuberculosis — How long: 2 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry M. Hodgson

Address: Lonaconing, Md.

Accident or Suicide? No.

LIBRARY BUREAU A88918

Name in Full: John Francis Goldsworthy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904; Month: 7; Day: 10; Age: Years —; Months: 8; Days —

Sex: Male; Color or Race: White; Birthplace: Cumbd, Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Paul Goldsworthy; Father's Birthplace: Md

Mother's Maiden Name: Anna Helfrich; Mother's Birthplace: Md

Name of person giving Information: Paul Goldsworthy; How related to deceased: Father

1/50

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hydrocephalus; How long: 3or 4 mo

Immediate: Convulsions & Exhaustion; How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. F. Turner M.D.

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Glenna Emma Gordon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: So. Cumberland — County: Allegany

Date of death: Month: July — Day: 28 — Year: 1904

Age: Years: 1 — Months: 0 — Days: 2

Sex: Female — Color or Race: White — Birthplace: So. Cumberland Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Augustus Gordon — Father's Birthplace: Md.

Mother's Maiden Name: Orlila A. Belt — Mother's Birthplace: Ohio

Name of person giving Information: Orlila A. Gordon — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malaria + Pemphigus — How long: 2 weeks

Immediate: Exhaustion from Enteritis + Hemorrhage — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Geo. L. Bova M.D.

Address: Cumberland, Md.

Accident or Suicide? No — 98 Va ave

LIBRARY BUREAU A88018

Name in Full: Clara Grimes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: July; Day: 30th

Age: Years 13; Months 11; Days 21

Sex: Female; Color or Race: White; Birthplace: Lonaconing

Married, Single or Widowed: Single; Occupation: School

Name of Wife or Husband: —

Father's Name: John Ursley Grimes; Father's Birthplace: Newburg W. Va.

Mother's Maiden Name: Joanna Barnard; Mother's Birthplace: Allegany Co.

Name of person giving information: John W. Grimes; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism (Inflamation) with endocarditis; How long: 5 weeks

Immediate: Anaemia; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James A. Bullock

Address:

Accident or Sulcide? No

LIBRARY BUREAU A88816

Name in Full: George Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cum County: Alle

Date of death: 1904 Month: 7 Day: 9

Age: Years — Months: 5 Days:

Sex: Male Color or Race: White Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: George Harrison. Father's Birthplace: Pennsylvania

Mother's Maiden Name: Anna Reynolds Mother's Birthplace: Md

Name of person giving Information: Mrs Geo Harrison How related to deceased: Mother

05

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long:

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. B. McDonald

Address: Cumberland Md

Dr McDonald

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Goldie Hoasts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cum — County: Alle

Date of death: Month: 7 — Day: 3 — 1904

Age: Years — Months: 6 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Emanuel Hoasts — Father's Birthplace: Pa

Mother's Maiden Name: Anna Hyfield — Mother's Birthplace: Pa

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: Two weeks

Immediate: Convulsions — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Vanderson

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Clara E Henry

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County:

Date of death: 1904 — Month: July — Day: 4 — Age: Years 2 — Months — Days —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: E Riley Henry — Father's Birthplace: W Va.

Mother's Maiden Name: Eliz Henry — Mother's Birthplace: W Va.

Name of person giving Information: 106 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 wks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. L. Broadwell

Address: [redacted] W Va Ave Cumberland Md

Accident or Suicide? N

LIBRARY BUREAU A88516

Name in Full: James T Logan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cumberland — County: Allegany

Date of death	Month	Day	Age: Years	Months	Days
1904	July	5th	about 40		

Sex: Male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Fatherin 172 — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Drowned — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: D C O Pug

Coroner

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full — Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at Frostburg — Town — County —

Date of death 1907	Month 7	Day 10	Years Age 2	Months 2	Days —
Sex M	Color or Race White		Birthplace Frostburg Md		

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name Baker Johnson — Father's Birthplace Garrett Co

Mother's Maiden Name 2 — Mother's Birthplace ? ?

Name of person giving Information —

How related to deceased —

106

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Cholera infantum — How long 1 wk

Immediate — — How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. M. O'Brien

Address Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: James Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westernport — County: Allegany.

Date of death 1904: Month 7 — Day 19 — Age: Years 13 — Months — Days

Sex: Male — Color or Race: Black. — Birthplace: West Va

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: David Jones — Father's Birthplace: West Va

Mother's Maiden Name: Bettie Ford. — Mother's Birthplace: West Va

Name of person giving information: Mose Thompson — How related to deceased: Boarder

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: Six months

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Abbott

Address: Piedmont W Va

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: John Kirby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Accm | County: Allegany

Date of death 1904: Month: 7 | Day: 30 | Age: Years: 71 | Months: 11 | Days: 28

TO BE ANSWERED BY NEAREST FRIEND

Sex	Male	Color or Race	White
Birthplace	W. Va.		
Married, Single or Widowed	Married	Occupation	Carpenter
Name of Wife or Husband	Sarah Mason		
Father's Name	Joseph Kirby	Father's Birthplace	W. Va.
Mother's Maiden Name	don't know	Mother's Birthplace	don't know
Name of person giving Information	Monica Kirby	How related to deceased	Son

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Senile debility	How long	12 mos
Immediate	Acute diarrhoea	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. Carmichael
		Address	Midland Md
Accident or Suicide?			

LIBRARY BUREAU A86816

I I V Und 6

Name in Full: Richard Langdon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Savage — County: Allegany

Date of death 1907: Month: July — Day: 28

Age — Years: 48 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: C. S. Lanman — How related to deceased: No —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 1 week

Immediate: Perforation intestines — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Lanahan

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Adam Lindemeier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County: Allegany

Date of death 1904: Month: July; Day: 7; Age: Years: 77; Months: 2; Days: 1

Sex: Male; Color or Race: White; Birthplace: Hessen Germany

Occupation: Salesman; Where Residing if not at place of death: Virginia Ave

Married, Single or Widowed: Married; Name of Wife or Husband: Frederica Glenser

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: Frederica Glenser; How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age. 5-4; How long:

Immediate: Exhaustion; How long: Several Weeks

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: J L Burkodell

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: Les Madden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904; Month: 7; Day: 31; Age: Years: ; Months: 3; Days:

Sex: male; Color or Race: White; Birthplace: Md.

Occupation: ; Where Residing if not at place of death: ;

Married, Single or Widowed: S.; Name of Wife or Husband: ;

Father's Name: Robt. J. Madden; Father's Birthplace: Md

Mother's Maiden Name: Anna Hokel; Mother's Birthplace: Md

Name of person giving information: ; How related to deceased: ;

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: ; How long: ;

Immediate: Exhaustion; How long: ;

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. Les Franklin

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Lizzie Marty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Alle

Date of death 1904: Month: 7 — Day: 1 — Age: Years: 26 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: housewife

Name of Wife or Husband

Father's Name: Henry Setson — Father's Birthplace: Cash Valley

Mother's Maiden Name: Anna Redenbrink — Mother's Birthplace

Name of person giving information: Henry Setson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: One year

Immediate: Ex Lanation — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: James T. Johnson M.D.

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Wm Weyers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County: Allegany

Date of death 1904: Month: July; Day: 22; Age: Years: 49; Months; Days

Sex: Male; Color or Race: White; Birthplace

Occupation: Labor; Where Residing if not at place of death: Allegany Pa

Married, Single or Widowed: Married; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving information: Wabash Ry; How related to deceased

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rail Road Accident; How long

Immediate; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dennis E Keal

Address: Coroner

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Jacob Minke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd. County: Allegany

Date of death 1904: Month: July Day: 16

Age: Years: 39 Months: — Days: —

Sex: Male Color or Race: White Birthplace:

Occupation: Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~: Name of Wife or Husband:

Father's Name: Anthony Father's Birthplace:

Mother's Maiden Name: Elizabeth Wegman Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 1 Week

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. A. Foran, MD

Address: Cumberland Md

Accident or Suicide?

93

LIBRARY BUREAU A88516

Name in Full: Mary Effen. Moreland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rawlings; County: Allegany

Date of death 1904: Month: July; Day: 31

Age: Years: 47; Months: 8; Days: 27

Sex: Female; Color or Race: White; Birthplace: West Va.

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Christopher Columbus Moreland

Father's Name: Thomas H. Sraps; Father's Birthplace: Maryland

Mother's Maiden Name: Nancy Jane Wagner; Mother's Birthplace: West Va.

Name of person giving information: Benj. F. Moreland; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble & Brights Disease; How long: About 6 months

Immediate: Heart failure; How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas H. West

Address: Keyser, W. Va.

Accident or Suicide? Neither

LIBRARY BUREAU A88516

Name in Full: Bessie Brown Mullen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death 1904: Month: 7; Day: 31

Age: Years: —; Months: 11; Days: 11

Sex: F; Color or Race: W; Birthplace: Md

Occupation: C; Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Samuel Mullin Deceased; Father's Birthplace: Md

Mother's Maiden Name: Susan Mullin; Mother's Birthplace: Md.

Name of person giving In formation: 106; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

Immediate: Chlorea Infantum; How long: 3 Days.

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. McLane M.D

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A86516

L. I. & Und Co.

Name in Full: Elizabeth Murphy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sonaconing; County: Allegany

Date of death 1904: Month: July; Day: 15

Age: Years: 83; Months: 7; Days: 8

Sex: Female; Color or Race: White; Birthplace: Scotland

Married, Single or Widowed: Widowed; Occupation: Housework

Name of ~~Wife or~~ Husband: Wm. Watson Murphy (deceased)

Father's Name: John Malcolm; Father's Birthplace: Scotland

Mother's Maiden Name: Agnes Gibb; Mother's Birthplace: "

Name of person giving information: Wm. Malcolm Murphy; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis; How long: 2 months

Immediate: Pneumonia; How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James C. Bullock

Address: Sonaconing Maryland

Accident or Suicide? no.

93

LIBRARY BUREAU A88316

Name in Full: Willie Mercer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: July — Day: 1 — 1904

Age: 8 Years — Months — Days

Sex: Male — Color or Race: Colored — Birthplace

Occupation: School Boy — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

29

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Peritonitis — How long: 3 months

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. C. Miller

Address: Cumberland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ekoeland C Newman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cum — County: Alle

Date of death: Month: 7 — Day: 19 — 1904 — Age: Years: 23 — Months — Days

Sex: Male — Color or Race: Colord — Birthplace: West Va

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Dead — Father's Birthplace:

Mother's Maiden Name: ~~Unknown~~ — Mother's Birthplace:

Name of person giving Information: Thomas Newman — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuburculosus — How long:

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? J Brant

Signature of Physician: C H Brace

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: William Charo

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: 7; Day: 5; Years: 1904; Age: 34; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Stone mason; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Dennis Charo; Father's Birthplace: Ireland

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: Charles Charo; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis. [illegible]; How long:

Immediate: Exhaustion.; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. B. McDonnell, M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Elizabeth Pearce

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Barton — County: Allegany — MARYLAND

Date of death 1904: Month: July — Day: 22 — Age: Years: — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: Near Barton

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

Father's Name: Walsh Pearce — Father's Birthplace: Alley. Co.

Mother's Maiden Name: Nannie Shaw — Mother's Birthplace: Alley. Co

Name of person giving In formation: Walsh Pearce — How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: S A Boucher

Address: Barton Md

Accident or Sulcide?

LIBRARY BUREAU A88516

Name in Full: Bertha Poorbaugh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904; Month: July; Day: 23; Age: Years: 19; Months; Days

Sex: Female; Color or Race: White; Birthplace

Occupation; Where Residing if not at place of death

Married, Single or Widowed; Name of Wife or Husband

Father's Name: Simon Poorbaugh; Father's Birthplace: Pa

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injuries by being run over by R.R. train; How long

Immediate: Exhaustion; How long: 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. C. Miller

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A8031S

Name in Full: Grace Davis Powers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barton; County: Allegany

Date of death 1904: Month: July; Day: 12

Age: Years: 2; Months: 8; Days: 1

Sex: Female

Color or Race: White

Birthplace: Alleg. Co

Married, Single or Widowed: Married

Occupation: H.W.

TO BE ANSWERED BY NEAREST FRIEND

Name of ~~Wife~~ Husband: Samuel Powers

Father's Name: John Davis

Father's Birthplace: England

Mother's Maiden Name: Phoebe Wilkes

Mother's Birthplace: Alleg Co

Name of person giving information: Phoebe Davis

How related to deceased: Mother

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease

How long: 6 months

Immediate: Convulsions

How long: A few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Boucher

Address: Barton Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: C. C. Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Altoona — County: Blair — ~~MARYLAND~~ Pa

Date of death: Month: 7 — Day: 21 — 1904 — Age: Years: 78 — Months: 6 — Days: 15

Sex: Male — Color or Race: White — Birthplace: Fredrick Co.

Occupation: Painter — Where Residing if not at place of death: Altoona Pa

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Annie Mc Kinley — Mother's Birthplace: Unknown

Name of person giving Information: William Reese — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery — How long: 4 Month

Immediate: Paralysis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: a O Olwine

Address: Altoona Pa

Accident or Suicide?

LIBRARY BUREAU A8U316

Name in Full: John Rephorn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death 190 4: Month: 7; Day: 17

Age: Years: 60; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Allegany Co. Md.

Married, Single or Widowed: Married

Occupation: R.R. Conductor

Name of Wife or Husband: Rephorn

Father's Name:

Father's Birthplace: German

Mother's Maiden Name:

Mother's Birthplace: German

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency — How long: two years

Immediate: Heart Failure — How long: few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Dashiell

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elizabeth Ring

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: 7 — Day: 23 — 1904

Age: Years: 67 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Cumberland

Occupation: Housekeeper — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Peter Ring

Father's Name: Gluckhaus — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 1 yr

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Twigg

Address: Cumberland

Accident or Suicide? No

LIBRARY BUREAU A88018

Name in Full: John Edward Roberts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Frederick

Date of death 1906: Month: July — Day: 19 — Age: Years: — Months: 6 — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: J. H. Roberts — Father's Birthplace: Frederick

Mother's Maiden Name: Gertie Bargar — Mother's Birthplace: Waynesboro

Name of person giving Information: J H Roberts — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 5 1/2 mos

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. B. Slaybaugh

Address: Emmitsburg

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Josephine E. Roberts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: 1904; Month: 7; Day: 5

Age: Years: 7; Months: 10; Days:

Sex: female; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: single

Name of Wife or Husband:

106

Father's Name: Charles E Roberts; Father's Birthplace: West Va

Mother's Maiden Name: Wilhelmina E. Roberts; Mother's Birthplace: Md

Name of person giving In formation: Charles E Roberts; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Dr Mcdonald

Signature of Physician: T. B. McDonald

Address:

Accident or Suicide?

14½ Emmitsburg

LIBRARY BUREAU A88516

Name in Full: John A. Schuster

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eckhart — County: Allegany

Date of death 1904: Month: July — Day: 25th

Age: Years: 7 mo — Months: 5 mos — Days: 14.

Sex: Male — Color or Race: White — Birthplace: Eckhart.

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: August Schuster — Father's Birthplace: Germany

Mother's Maiden Name: Victoria Koszpuska 93 — Mother's Birthplace: Germany

Name of person giving Information: August Schuster — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Suspended resolution. — How long: Fourteen Weeks.

Immediate: Empyema. Operated for. Died — How long: 4 hours after operation.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. H. Johnson

Address: Oakland Summit

Accident or Suicide?

LIBRARY BUREAU A96516

Catholic
Cemetery
Forestburg

Name in Full: Lula Schaut

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frostburg; County: —

Date of death: Month: 7; Day: —; 1904

Age: Years: 14; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Frostburg

Occupation: Student; Where Residing if not at place of death: Frostburg Md

~~Married, Single or Widowed~~; Name of Wife or Husband: —

Father's Name: Frank Schaut; Father's Birthplace: Balto.

Mother's ~~Maiden~~ Name: Mrs " "; Mother's Birthplace: ?

Name of person giving Information: —; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever; How long: 20 days

Immediate: Hemorrhage uterus puerperal; How long: 2 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. McBrier

Address:

Accident or Suicide?

LIBRARY BUREAU A85516

7.5.2

Name in Full: Harry E. Seiter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland County: Allegany

Date of death: Month 7 Day 9 1904

Age: Years 24 Months Days

Sex: Male Color or Race: White Birthplace: Pa.

Occupation: Fireman Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: J. E. Seiter Father's Birthplace: Pa.

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 3 wks

Immediate: Hemorrhage How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Irving Gil

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Shaw

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: 7 — Day: 19 — 1904

Age: Years: 39 — Months — Days

Sex: Female — Color or Race: W — Birthplace: Cumb'd

Occupation: Housekeeper — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: A. B. Shaw

Father's Name: John Gates — Father's Birthplace: Md

Mother's Maiden Name: Cordelia Rice — Mother's Birthplace: Md

Name of person giving Information: A. B. Shaw — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 mo

Immediate: Dionhoea, Asthenia — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Twigg

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jos. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Carlo — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: July — Day: 16 — 1904

Age: Years: 6 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Carlos Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Jos. Smith Jr — Father's Birthplace: 2

Mother's Maiden Name: 2 — Mother's Birthplace: 2

Name of person giving Information: 61. — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Meningitis — How long: one day

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F L Clyman

Address: Medlothian Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: infant of Spates Stalling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellerslie — County: Allegany

Date of death: Month: April — Day: 4 — Age: Years: — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Spates Stallings — Father's Birthplace: Md

Mother's Maiden Name: Maud Rice — Mother's Birthplace: Md

Name of person giving Information: Spates Stallings — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Garden

Signature of Physician: G. L. Bearder

Address: Cumberland. Md

Accident or Suicide?

LIBRARY BUREAU ASSOC'S

Name in Full: Steppe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegheny

Date of death 1904 — Month: July — Day: 31 — Age — Years: — Months: — Days: 11

Sex: Male — Color or Race: White — Birthplace: Maryland.

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Clara Steppe — Mother's Birthplace: Maryland

Name of person giving information: Harmon Steppe — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Eleven days

Immediate: Exhaustion — How long: Two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. R. Hodges M.D.

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mary Pauline Stockman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: 1904 July — Day: 19 — Age: Years: — Months: 7 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Cumb'd Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Howard Stockman — Father's Birthplace: Md.

Mother's Maiden Name: Nancy Keller — Mother's Birthplace: Md.

Name of person giving In formation: Howard Stockman — How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 mo

Immediate: Exhaustion — How long: 1 da

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. L. Bradley M.D.

Address: Cumberland

Accident or Suicide? No

LIBRARY BUREAU A88018

Name in Full: Dunbar Story

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing County: Allegany

Date of death 190 4: Month: July Day: 24

Age: Years: 45 Months: Days:

Sex: Male Color or Race: White Birthplace: Lonaconing

Married, Single or Widowed: Occupation: Miner

Name of Wife or Husband:

Father's Name: James A. Story Father's Birthplace: Lonaconing,

Mother's Maiden Name: Ella Kalston Mother's Birthplace: "

Name of person giving information: Mrs. James A. Story How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: Three days

Immediate: Convulsions How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. L. Skilling

Address: Lonaconing, Md.

Accident or Suicide:

LIBRARY BUREAU A88818

Name in Full: Ann Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fredericy — County: Allegany

Date of death 1907 — Month: 7 — Day: 8 — Age: Years 57 — Months — Days

Sex: male — Color or Race: White — Birthplace: Wales

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: Wales

Mother's Maiden Name: — — Mother's Birthplace: Wales

Name of person giving In formation: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chron accident 166 — How long: 6 hours

Immediate: 66 4 — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. McGuire

Address: Fredericy

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Nellie B. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Alleganey

Date of death 1904: Month: July; Day: 13

Age: Years: —; Months: 7; Days: 6

Sex: Female; Color or Race: White; Birthplace: Hyndmann

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Silas E Thomas; Father's Birthplace: Bedford Co. Pa.

Mother's Maiden Name: Millie Burket; Mother's Birthplace: Bedford Co. Pa.

Name of person giving information: Mrs Thomas.; How related to deceased: Grand Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: auto infection from bowels; How long: Week

Immediate: Exhaustion; How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. A. Barkdoll

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Charles B. Valentine

CERTIFICATE OF DEATH

Died at: Town: Cum — County: Allegany — MARYLAND

Date of death: Month: 7 — Day: 20 — Year: 1904 — Age: Years: — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Valentine — Father's Birthplace: Md

Mother's Maiden Name: Mary Krouse — Mother's Birthplace: Md

Name of person giving information: Charles Valentine — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intes. Cabitis 105 — How long: 3 weeks

Immediate: Ef Ramstom — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. Blayhook

Address: Cumberland

Accident or Suicide?

Blayhook

LIBRARY BUREAU A88516

Name in Full: Grace V Walters

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Accan — County: Allegany

Date of death 190 4 — Month: 7 — Day: 11 — Age — Years: — Months: 2 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Accan Md

Married, Single or Widowed: Infant — Occupation: —

Name of Wife or Husband: —

Father's Name: Thos Walters — Father's Birthplace: Accan Md

Mother's Maiden Name: Nettie Haylett — Mother's Birthplace: Hambleton Pa

Name of person giving In formation: Thos Franklin Walters — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pertusis. — How long: 2 weeks

Immediate: Pneumonitis — How long: 2 days

PHYSICIAN OR CORONER

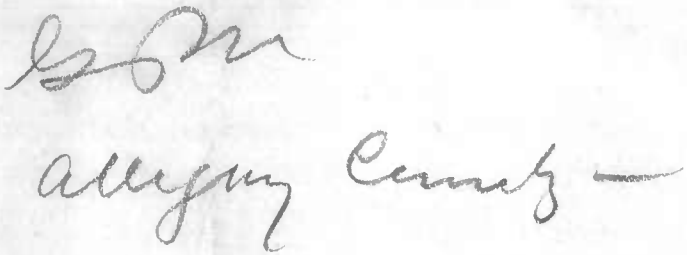
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H Carpenter

Address: Midland. Md.

Accident or Suicide?

LIBRARY BUREAU A89516



CERTIFICATE OF DEATH

MARYLAND

Name in Full: Joseph H. Weller

Died at: Town: Cum County: Alle

Date of death: Month: 7 Day: 16 1904

Age: Years: 6 Months: 6 Days: 24

Sex: Male Color or Race: White Birthplace: Md

Occupation: Where Residing If not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: J. H. Weller Father's Birthplace: Pa

Mother's Maiden Name: Laura Jane Hertz Mother's Birthplace: Pa

Name of person giving information: J. H. Weller How related to deceased: Father

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis How long: 3 days

Immediate: Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above?: Dr Brace

Signature of Physician: C. W. Brace

Address: Cumb Md

Accident or Suicide?: 65 Fount St

LIBRARY BUREAU A88818

Name in Full: Inf. I. (Twin) Welshance

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: July — Day: 2 — Age — Years: Still-born — Months — Days

Sex: Male — Color or Race: white — Birthplace: Cumberland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Eben Welshance — Father's Birthplace: Pa.

Mother's Maiden Name: Emma Slayman — Mother's Birthplace: Pa.

Name of person giving Imformation: Father — How related to deceased: S.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure on part of mother — How long

Immediate: Died in utero — How long about 1 mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Slaughenny

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: No. 2. (Twin) Welshonce

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: July — Day: 2 — Age — Years: Still-born — Months — Days

Sex: Male — Color or Race: White — Birthplace: Cumberland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Eben Welshonce S. — Father's Birthplace: Pa.

Mother's Maiden Name: Emma Slayman — Mother's Birthplace: Pa.

Name of person giving Imformation: Eben Welshonce — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure on part of mother — How long

Immediate: Died in utero — How long about 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Slaughenhoupt

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Martha Jane Whitehair

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westernport — County: Allegany

Date of death 1907: Month: 7 — Day: 5 — Age: Years: 73 — Months: 9 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Va

Married, Single or Widowed: Widow — Occupation:

Name of Wife or Husband: Martha Jane Whitehair

Father's Name: John Giles — Father's Birthplace: Va

Mother's Maiden Name: Martha Jane Giles — Mother's Birthplace: Va

Name of person giving Information: Sultana Jane Fike — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocardiac Hypertrophy — How long: 1 year

Immediate: General debility — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. L. Fishburne, M.D.

Address: Piedmont W.Va.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Infant -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg — County: Allegany

Date of death 1904: Month: July — Day: 16

Age: Years: — Months: — Days: 11

Sex: Male — Color or Race: White — Birthplace: Frostburg

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Thomas Mina — Father's Birthplace: Allegany Co.

Mother's Maiden Name: Hulda Mina — Mother's Birthplace: Germany

Name of person giving Information: Thos. Mina — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Morbus Cæruleus — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. M. Cornwell

Address: Eckhart Mines Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Baltimore; County: Alleg.

Date of death 1904: Month: July; Day: 16; Age: Years: 0; Months: 0; Days: 11

Sex: Male; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed:

Occupation:

Name of Wife or Husband: Tom Reina

Father's Name: Tom Reina

Father's Birthplace: Alleg. Co.

Mother's Maiden Name: Hulda Reina

Mother's Birthplace: Germany

Name of person giving information: Bridie Chabot

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus Congenitus.

How long: From birth

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. McConnell

Address: Eckhart Mines Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Mrs. C. A. Wolf

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland. Md. County: Allegany

Date of death: Month: July Day: 30 1904

Age: Years: 69 Months: — Days:

Sex: Female. Color or Race: White Birthplace: —

Occupation: Housework. Where Residing if not at place of death: Rocky Mills

Married, Single or Widowed: Married Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Mrs. C. A. Wolf How related to deceased: 142

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gangrene of foot. How long: 3 months

Immediate: amputation & Exhaustion How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. A. Foster, MD

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: W Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death: Month: July — Day: — 1904

Age: Years: 78 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: G. F. Bretton 172 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowned — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: Dennis C. O'Neal

Address: Coroner

Accident or Suicide?

LIBRARY BUREAU A66518